

the better to keep the tube in position. The stricture was believed to be syphilitic in origin, and constitutional treatment was being pursued in addition to the dilatation.

ABSCESS OF THE LARYNX AFTER INFLUENZA.

DR. MAX SCHAEFFER, of Bremen, reports (*Deutsche med. Wochenschrift*, March 6, 1890) a case of abscess of the right ventricular band and arytenoid region, requiring tracheotomy, and which occurred suddenly about a week after convalescence from a slight attack of influenza. The attendant inspiratory dyspnoea was attributed to acute paralysis of the cricoarytenoid muscles.

Schaeffer takes occasion to extol the treatment of the acute stage of influenza with sodium benzoate. This is confirmative of the observations made in the columns of this journal by Dr. Glasgow, of St. Louis, who, for three or four years past has recognized in his neighborhood the endemic presence of a disease which he could liken only to an endemic of influenza, and which he had successfully treated with sodium benzoate.

ROUND CELLED SARCOMA OF LARYNX REMOVED BY LARYNGO-FISSURE.

DR. F. BESSEL-HAGEN exhibited (*Deutsche med. Wochenschrift*, March 6, 1890) a man, fifty-two years of age, from whom, a year previously, he had, after splitting the larynx, removed a broad-based round-celled sarcoma, the size of a cherry, situated below the vocal bands. He had removed the underlying perichondrium, and had also extirpated some infected glands in the neighborhood of the larynx. There had been no recurrence.

[Glandular involvement is usually a comparatively late manifestation in sarcoma; and, therefore, thorough removal of the original neoplasm is not likely to be followed by recurrence.—Ed.]

OBSTETRICS.

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS AND DISEASES OF CHILDREN IN THE PHILADELPHIA POLYCLINIC;
VISITING OBSTETRICIAN TO THE PHILADELPHIA HOSPITAL.

AN UNUSUAL INJURY TO A CHILD AT BIRTH.

HEYDRICH (*Centralblatt für Gyn.*, No. 7, 1890) reports the case of a fœtus in which it was necessary, because of prolapse of the cord, to extract the child rapidly. The left arm was easily brought down, the right was delivered with difficulty. The fœtus was slightly asphyxiated at birth, but was easily revived by Schultze's method. On the second day after birth the child died, and the post-mortem revealed a fracture of the right clavicle, with a wound

of the costal and pulmonary pleura; emphysema of the skin and pneumothorax had resulted, which finally caused death.

THE PREVENTIVE TREATMENT OF PURULENT OPHTHALMIA IN THE NEWBORN.

PEUCH (*Archiv de Töcologie*, No. 2, 1890) has compared the results of three series of cases: one treated by ordinary antiseptic precautions with the mother, one by the use of solutions of bichloride of mercury about the child's eyes, and one by the use of nitrate of silver, as advised in Credé's clinic. The results of these cases, with the published statistics of fifteen of the principal maternities in the world, are decidedly in favor of the Credé method. While the use of antiseptics diminishes greatly the number of these cases, yet silver was found most efficient.

SYPHILITIC INFECTION IN EARLY PREGNANCY.

STEFFECK (*Zeitschrift für Geburtshülfe und Gynäkologie*, Bd. xvii. 1) describes two cases of syphilitic infection occurring in the fifth month of pregnancy previously healthy; both pregnancies went to term, but the fetus perished as a result of the infection. Careful examination of the placenta demonstrated the fact that the maternal decidua in one case was scarcely affected, while in the other it was partially involved; the fetal infection, however, was well marked, and pronounced syphilitic lesions were present.

This case was an exception to the statements of Fränkel and Zilles, who have taught that syphilitic infection occurring in a healthy pregnancy rarely affects the fetus, but is usually limited to the mother.

PREGNANCY LASTING 300 AND MORE DAYS.

JAFFÉ (*Centralblatt für Gynäkologie*, No. 5, 1890) reports the case of a multipara in whom gestation lasted between 300 and 309 days; counting from the time of the beginning of the last menstruation, birth occurred 365 days after the commencement of the period. The development and measurements of the child corresponded to the prolonged gestation.

The Editor recalls a recent case in his own practice, also in a multipara, labor occurring several days beyond 300 days after the beginning of pregnancy. In this case the type and development of the fetus, and the subsequent growth of the child, fully confirmed the diagnosis of 300 days' gestation.

TWO CASES OF IDIOPATHIC UNIVERSAL PRURITUS OCCURRING AT LABOR.

FEINBERG (*Centralblatt für Gynäkologie*, No. 7, 1890) reports two cases of pruritus vaginæ which at the time of labor became universal; the first case was that of a young woman in whom the disease had been worst at menstruation; during pregnancy palliative treatment mitigated suffering somewhat; at the time of labor her suffering became extreme; the itching existing over the whole body as soon as labor pains came on; anæsthesia was

necessary, and labor was terminated by the forceps. After delivery pruritus was somewhat less, and four days after labor it disappeared, and did not return.

His second case was that of a multipara who had suffered at menstruation with pruritus, and who, under the influence of great excitement, aborted. The patient was seen but once, and that in consultation. The beginning of the abortion was characterized by the spread of the pruritus over the entire body; while a neurasthenic constitution predisposed to this trouble, it was observed to be worse at menstruation and as soon as labor pains began. No lesion was found in either case to account for the disorder.

A SIMPLE TUBE FOR ANTISEPTIC DOUCHES.

GRAILY HEWITT (*Lancet*, March 8, 1890) has devised glass tubes, simple in construction, which seem admirably adapted for douches. In the ordinary vaginal douche a glass tube four and three-quarters inches long, one and one-eighth inches in diameter, deeply grooved into four grooves in a longitudinal direction, has been employed to great advantage. The grooves act as channels for the easy return of the fluid, making a double current tube; rounded apertures are placed in a circle, close to the distal extremity.

For uterine injections a heavy glass tube, ten inches in length and seven-twelfths of an inch in diameter, deeply grooved at the uterine extremity for three-quarters of the whole length, is employed. It is very slightly curved at the uterine end, and has apertures near the extremity; the four deep grooves act like return tubes for the escape of fluid. The size of the vaginal tubes is so great that they cannot be easily introduced within the uterus, and hence there is less liability to the injection of fluid when simple douches are given by nurses. Intra-uterine douches should be given by physicians only.

THE HIGH APPLICATION OF THE FORCEPS.

COHNSTEIN (*Archiv für Gynäkologie*, Band 36, Heft 2) reviews the current opinions regarding the compression of the head produced by forceps, and its moulding to the pelvis, and states the results of his own experiments. He believes that the fetal skull is more easily fractured and less elastic in the dead fœtus than the living, and suggests that all experiments be made upon fœtal bodies which have been immersed in dilute saline solution at a temperature of 100° F.

He has found that compression in the antero-posterior diameter of the head leaves the biparietal diameter without lessening in 55 per cent. of cases; in 20 per cent. it is increased in size; in 25 per cent. diminished. In 80 per cent. of such cases, when the antero-posterior diameter was lessened from one-tenth of an inch to five-tenths of an inch, no increase in the biparietal diameter, and no injurious compression of the maternal soft parts were observed. The biparietal diameter is rarely lessened more than one-twelfth to one-fifteenth of an inch. Increase in the biparietal diameter, from one-tenth to two-tenths of an inch, depends on the form of the skull and the degree of the pressure; in dolichocephalic skulls, and under strong pressure, increase occurs, this being observed in actual practice in about 8 per cent.

of cases. If compression is made in the biparietal diameter, the antero-posterior is unaffected in 50 per cent., increased in 28.5 per cent., lessened in 21.3 per cent. In the great majority of cases compression of the biparietal diameter does not increase the antero-posterior; occasionally uterine pressure and pressure on the pelvic walls shorten the transverse diameter and lengthen the antero-posterior, and the forceps merely reinforce this action. Compression of both parietal and antero-posterior diameters of the head results in some increase in the vertical. The heads of living children are compressed with less force than in the cadaver.

In practice Cohnstein believes in bringing the head to engage with axis-traction forceps, removing them, and reapplying if labor does not go on. He has found great advantage in applying forceps, steadying the head, and then performing craniotomy without removing the forceps, completing labor by extracting the perforated head by forceps. He would use forceps only as an adjuvant to the natural forces of labor. In symmetrically contracted pelves their use has been most advantageous.

THE FORCEPS AS A ROTATOR.

At a recent meeting of the Obstetrical Society of Hamburg, ALY (*Centralblatt für Gynäkologie*, No. 5, 1890) reported a recent case of occipito-posterior position, in which labor made no progress through failure in the expulsive forces. The forceps were applied to the sides of the child's head obliquely in the pelvis, and traction made until the sagittal suture lay transversely; the forceps were then removed, and reapplied in the opposite oblique diameter; rotation followed, with the birth of a large and living child.

In discussion, LOMER did not favor such use of the forceps. He recalled a recent case in his practice where such injury had been done to the mother as to cause her ultimate death. Recent literature upon the subject does not favor this practice; he considered it far better to extract the child with forceps, the occiput remaining posteriorly; in large pelves it was better to bring down the head with forceps, remove the blades, and complete rotation by the hand.

OLSHAUSEN would restrict such use of the forceps to experts only; he had often found the introduction of one blade sufficient to cause rotation.

THE KNEE-CHEST POSITION IN THE DELIVERY OF SHOULDER PRESENTATIONS.

WELLS (*American Journal of Obstetrics*, March, 1890) reports nine cases of shoulder presentation, in which version was best performed with the patients in the knee-chest position. He operates by placing the patient upon her knees and chest, stationing himself on that side of the patient corresponding to the position of the fetal head, and employs the hand next the patient in the internal and the other in the external manipulations. After the introduction of the hand the membranes are ruptured, if yet intact, and pressure is made upon the shoulder toward the child's pelvis in the direction toward the fetal and uterine curves, and away from the superior strait, and at the same time pressure is made externally upon the fetal head, or breech, as

seems needed. The shoulder soon passes out of reach, and the head takes its place at the pelvic brim. The patient is now raised upright upon the knees, and supported in this position until the head engages, after which she lies down.

It is occasionally impossible to bring down the head, and then the breech is brought down; if both these procedures are impossible, the feet are sought for and podalic version is made. Ordinarily the fingers or hand need enter the uterus but a very short distance.

Wells claims that in this position the abdomen is relaxed to the greatest possible extent, the pains are less powerful, the uterus is lengthened in its long and shortened in its transverse diameter, and the impacted shoulder is drawn from the pelvic brim by the force of gravity.

GYNECOLOGY.

UNDER THE CHARGE OF

HENRY C. COE, M.D., M.R.C.S.,
OF NEW YORK.

HERPES MENSTRUALIS.

BERGH (*Hospitals-Tidende; Centralblatt für Gynäkologie*, February 8, 1890), from an experience of twenty-four years in the hospital for venereal diseases in Copenhagen, finds that 2.6 per cent. of prostitutes have *herpes vulvaris*. Out of 877 cases of herpes, 73.4 per cent of the women were menstruating when examined, and many stated that they had the eruption only at the time of their period. It had no apparent connection with previous venereal troubles, or with their practice of indulging in sexual intercourse during the flow. Bergh believes that vulvar herpes is nearly always a menstrual exanthem, probably of trophic origin. The vesicles are most numerous immediately before the flow. They appeared in 70 per cent. of the cases on the labia majora.

THE ENDOMETRIUM DURING AND AFTER MENSTRUATION.

VON KOHLDEN (*Centralblatt für Gynäkologie*, February 1, 1890) states that immediately after menstruation large gaps are seen in the superficial layer of epithelium, and that during menstruation the entire epithelial layer is cast off, and that there is infiltration and hemorrhage into the mucosa. This infiltration may extend through two-thirds of the thickness of the latter. The blood-clots which are found within the uterus contain desquamated epithelium and glands. No true solution of continuity of the endometrium can be established. The writer has never been able to find the giant-cells described by Leopold, or evidence of dilatation and tortuosity of the glands. The reproduction of epithelium begins *de novo* within the glands, not from islands of cells which were not cast off; there is also a new formation of bloodvessels.